

NEW VENDOR/CHANGE REQUEST FORM

Vendor - once you have completed section 1, please return this form to the City Personnel you are working with and include a current **W-9** and any additional applicable forms via email.

Section 1. To be completed by the Vendor and/or Independent Contractor

***To be a City of Hamilton vendor, you MUST accept our Terms & Conditions* Those can be viewed [HERE](#)**

Must check box

We ACCEPT the City of Hamilton's Terms & Conditions

COMPANY TYPE

If you selected Independent Contractor YOU MUST complete and return the State of Ohio required Independent Contractor/Worker Acknowledgement form the can be found [HERE](#)

Company Name:

Address 1:

Address 2:

City, State, Zip Code

P.O. Contact Person:

Phone:

P.O. Receipt Email:

PAYMENT METHOD

BANKING INFORMATION FOR ACH PAYMENTS

***We will call to confirm the accuracy of the information - You must provide a contact number for this below**

Bank Name:

Routing Number:

Account Number:

Account Type:

Remit Instructions Email:

ACH Verification Phone:

MAILING ADDRESS FOR CHECK PAYMENTS

***This address must match the invoice remit address or the invoice will not be paid until corrected**

Remittance Address 1:

Remittance Address 2:

Remittance Address 3:

City, State, Zip Code

Hamilton Personnel - please complete section 2 and save as "Vendor Form XXX Company". Then forward this document, their W-9 and any other forms to the internal vendor email address for processing.

Section 2. To be completed by City of Hamilton Personnel

I confirm that I have collected and reviewed all necessary forms for accuracy.

New Vendor or change?

Reason for Request:

If "other" explain:

Requesting Department:

Employee Name:

Employee Email:

Purchasing Department - will review the vendor information and create the profile if all criteria is met. The requesting City Personnel will be notified via email after addition or denial.